



Division of Energy, Mineral and Land Resources  
Stormwater Permitting Program

National Pollutant Discharge Elimination System

**NCG210000**

FOR AGENCY USE ONLY		
Date Received		
Year	Month	Day
Certificate of Coverage		
N	C	G2 1
Check #		Amount
Permit Assigned to		

**NOTICE OF INTENT**

**National Pollutant Discharge Elimination System application for coverage under General Permit NCG210000:**

**For STORMWATER DISCHARGES associated with activities classified as:**

- SIC\* 24** Timber Products (except as specified below), including Wood Chip Mills;  
**And,** Like activities deemed by DEMLR to be similar in the process and/or the exposure of raw materials, products, by-products, or waste materials.

**The following activities are specifically excluded from coverage under this General Permit:**

- Wood Kitchen Cabinets (**SIC 2434**)
- Wood Preserving (**SIC 2491**)
- Logging (**SIC 2411**)

\* Standard Industrial Classification Code

*(Please print or type)*

**1) Mailing address of owner/operator (address to which official permit correspondence will be mailed):**

Name \_\_\_\_\_  
Owner Contact (a person) \_\_\_\_\_  
Street Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_  
Telephone No. \_\_\_\_\_ Fax: \_\_\_\_\_  
E-mail Address \_\_\_\_\_

**2) Location of facility producing discharge:**

Facility Name \_\_\_\_\_  
Facility Contact (a person) \_\_\_\_\_  
Contact E-mail \_\_\_\_\_  
Street Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_  
County \_\_\_\_\_  
Telephone No. \_\_\_\_\_ Fax: \_\_\_\_\_

**3) Permit Contact**

Permit Contact (a person) \_\_\_\_\_  
Contact E-mail \_\_\_\_\_  
Contact phone number \_\_\_\_\_

**4) Physical Location Information:**

Please provide a narrative description of how to get to the facility (use street names, state road numbers, and distance and direction from a roadway intersection). \_\_\_\_\_

(A copy of a county map or USGS quad sheet with facility clearly located on the map is required to be submitted with this application)

**5) Latitude \_\_\_\_\_ Longitude \_\_\_\_\_ (degrees, minutes, seconds)**

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**6) This NPDES Permit Application applies to which of the following :**

- ☐ New or Proposed Facility                      Date operation is to begin \_\_\_\_\_
- ☐ Existing

**7) Standard Industrial Classification (SIC):**

Provide the 4 digit Standard Industrial Classification Code (SIC Code) that describes the primary industrial activity at this facility

SIC Code: \_\_\_\_ \_

**8) Provide a brief narrative description of the types of industrial activities and products manufactured at this facility:** \_\_\_\_\_

**9) Discharge points / Receiving waters:**

How many discharge points (ditches, pipes, channels, etc.) convey stormwater from the property? \_\_\_\_\_

**10) Receiving waters:**

What is the name of the body or bodies of water (creek, stream, river, lake, etc.) that the facility stormwater discharges end up in? \_\_\_\_\_

If the site stormwater discharges to a separate storm sewer system, name the operator of the separate storm sewer system (e.g. City of Raleigh municipal storm sewer). \_\_\_\_\_

**11) Does this facility have any other water quality permits?**

- ☐ No
- ☐ Yes

If yes, list the permit numbers for all current water quality permits for this facility: \_\_\_\_\_

**12) Does this facility have any Non-Discharge permits (ex: recycle permits)?**

- ☐ No
- ☐ Yes

If yes, list the permit numbers for all current Non-Discharge permits for this facility: \_\_\_\_\_

**13) Does this facility employ any best management practices for stormwater control?**

- ☐ No
- ☐ Yes

If yes, please briefly describe: \_\_\_\_\_

**14) Does this facility have a Stormwater Pollution Prevention Plan?**

- ☐ No
- ☐ Yes

If yes, when was it implemented? \_\_\_\_\_

**15) Does this facility have exposed accumulations of sawdust, bark, mulch, wood chips, or similar size woody material on-site for longer than seven (7) days? (Exposed directly to rainfall or to run-on from other areas of the facility.)**

- ☐ No              ☐ Yes

## NCG210000 N.O.I.

### 16) Are vehicle maintenance activities occurring at this facility?

☐ No ☐ Yes

### 17) Hazardous Waste:

a) Is this facility a Hazardous Waste Treatment, Storage, or Disposal Facility?

☐ No ☐ Yes

b) Is this facility a Small Quantity Generator (less than 1000 kg. of hazardous waste generated per month) of hazardous waste?

☐ No ☐ Yes

c) Is this facility a Large Quantity Generator (1000 kg. or more of hazardous waste generated per month) of hazardous waste?

☐ No ☐ Yes

d) If you answered yes to questions b. or c., please provide the following information:

Type(s) of waste: \_\_\_\_\_

How is material stored: \_\_\_\_\_

Where is material stored: \_\_\_\_\_

How many disposal shipments per year: \_\_\_\_\_

Name of transport / disposal vendor: \_\_\_\_\_

Vendor address: \_\_\_\_\_

### 18) Certification:

#### North Carolina General Statute 143-215.6 b (i) provides that:

Any person who knowingly makes any false statement, representation, or certification in any application, record, report, plan, or other document filed or required to be maintained under this Article or a rule implementing this Article; or who knowingly makes a false statement of a material fact in a rulemaking proceeding or contested case under this Article; or who falsifies, tampers with, or knowingly renders inaccurate any recording or monitoring device or method required to be operated or maintained under this Article or rules of the [Environmental Management] Commission implementing this Article shall be guilty of a Class 2 misdemeanor which may include a fine not to exceed ten thousand dollars (\$10,000).

I hereby request coverage under the referenced General Permit. I understand that coverage under this permit will constitute the permit requirements for the discharge(s) and is enforceable in the same manner as an individual permit.

I certify that I am familiar with the information contained in this application and that to the best of my knowledge and belief such information is true, complete, and accurate.

Printed Name of Person Signing: \_\_\_\_\_

Title: \_\_\_\_\_

\_\_\_\_\_  
(Signature of Applicant)

\_\_\_\_\_  
(Date Signed)

Notice of Intent must be accompanied by a check or money order for \$100.00 made payable to:

NCDENR

## NCG210000 N.O.I.

### Final Checklist

**This application will be returned as incomplete unless all of the following items have been included:**

- ☐ Check for \$100 made payable to NC DENR
- ☐ This completed application and all supporting documents
- ☐ Copy of county map or USGS quad sheet with location of facility clearly marked on map

### **Mail the entire package to:**

Stormwater Permitting Program  
Division of Energy, Mineral, and Land Resources  
1612 Mail Service Center  
Raleigh, North Carolina 27699-1612

### Note

**The submission of this document does not guarantee the issuance of an NPDES permit.**

*For questions, please contact the DEMLR Central Office or Regional Office for your area.*

*To visit our website, go to <http://portal.ncdenr.org/web/lr/stormwater>*

### DEMLR Regional Office Contact Information:

Asheville Office ..... (828) 296-4500  
Fayetteville Office ... (910) 433-3300  
Mooresville Office ... (704) 663-1699  
Raleigh Office ..... (919) 791-4200  
Washington Office ... (252) 946-6481  
Wilmington Office ... (910) 796-7215  
Winston-Salem ..... (336) 771-5000  
Central Office ..... (919) 807-6300

